

GEORGIA STATE UNIVERSITY
INFECTION CONTROL GUIDELINES

I. INTRODUCTION

Concern for the safety of all students, faculty and staff of Georgia State University led to the development of these infection control guidelines. These guidelines apply to those providing care to clients and/or those conducting research.

With proper education, skills training and immunizations, students, faculty and staff can be reasonably protected from risk of infections contracted through care of clients, laboratory practice and/or research when the guidelines from clinical agencies, OSHA and CDC are followed.

Further, we wish to prevent discrimination against students, faculty and staff who may have certain infectious diseases by setting forth specific guidelines.

These Infection Control Guidelines are based on currently available data. A review of the Infection and Control Guidelines for scientific correctness will be conducted yearly in the Spring Semester by the University Health Assurance Committee. Any recommended changes will be submitted to Faculty Affairs of the Senate, Student Affairs Committee and Staff Advisory Committee for approval or additional changes. All deans and department chairs will be given copies of approved guidelines.

II. UNIVERSAL PRECAUTIONS

- A. Students, faculty and staff who may be exposed to blood borne pathogens and/or bodily secretions are recommended to review current CDC guidelines on Standard/Universal Precautions. Colleges, schools, or departments within the University will be responsible for assisting with scheduling and implementing initial education and monitoring annual updates for personnel and students.
- B. Current CDC and OSHA guidelines and training materials will be kept in the Office of Safety and Risk Management (404-651-2170). The Office of Risk Management and the Health Assurance Committee will serve as resources to schools and department chairs.
- C. If exposures to blood borne pathogens or body secretions precipitate following Infection Control Guidelines for exposures to Blood Borne Pathogens, documentation that these guidelines have been met will be the responsibility of each department when exposure to blood borne pathogens and/or bodily

secretions is possible. If department chairs have questions, they can call Safety & Risk Management, 404-651-2170.

III. GENERAL GUIDELINES - SPECIFIC INFECTIOUS DISEASES

Hepatitis B Virus (HBV) and Human Immunodeficiency

Virus(HIV) - These guidelines will conform with affiliated agencies, clinical site requirements, and state and federal laws and guidelines, and the Centers for Disease Control (CDC)'s guidelines for preventing transmission of HBV or HIV. These guidelines will be reviewed annually to ensure current scientific thinking on the transmission of HBV or HIV

**** Needs to be moved over**

Inquiry into HBV or HIV status should not be part of the application process for students, faculty, or staff;

Students should be informed of potential infectious hazards inherent in educational programs including those that might pose additional risks to the personal health of Hepatitis B and/or HIV positive persons;

Students, faculty, staff, and otherwise qualified individuals will not necessarily be denied admission to a program of study or employment on the basis of HBV or HIV status.* Individual admissions and employment determinations will be based upon program and departmental requirements.

****The Americans with Disabilities Act of 1990 (P.L. 101-336) specifies that qualified individuals may not be denied admission or employment or be subject to discrimination on the basis of their disability, unless that disability poses a "direct threat" to others. HIV infected persons are considered disabled under the provision of this legislation. Admission/employment decisions must be made on the basis of qualifications and functional abilities for the program/position if "reasonable accommodations" were to be made. Undue hardship generally turns upon the difficulty or expense of the accommodation balanced against the organization's resources. The ADA, which applies to program employment and public accommodation and accessibility, is extensive and complex and should be reviewed for relevance to specific decisions.***

- A. Hepatitis B Vaccine - Faculty, staff and students considered at risk are recommended (unless required by Department) to have the Hepatitis B vaccine series. Individuals at risk include those whose tasks involve contact with blood or blood contaminated body fluids. Students considered at risk for HBV will be required to present documentation of a completed series of HBV immunizations

or a waiver form upon admission to the program of study or prior to any contact with clients/patients. All newly employed faculty and staff's HBV status should be evaluated by their supervisor and the staff and faculty given direction for Hepatitis B Vaccine. Students will pay for their vaccinations.

B. Guidelines for Testing of HBV/HIV

Students, faculty or staff at risk of exposure to blood borne pathogens infection have a responsibility to be tested. While the testing decision should be voluntary for the individual, there may be instances in which testing could be required. Education, training and confidentiality safeguards will be used to encourage those who believe they might be at risk to be tested. Records of all testing will be kept separately from academic or employment files. All testing will be confidential, unless otherwise required by law or court order.

C. Guidelines for Prevention of Transmission and Management of HBV/HIV

1. **HBV/HIV** - education and management

- a) Students, faculty and staff at risk will receive printed and oral information and instructions on standard/universal precautions for blood and body borne infections and prevention of needle stick injuries in accordance with applicable CDC and OSHA guidelines prior to any exposure to clients. All individuals will be required to sign an acknowledgment stating that this information has been provided.
- b) Individuals at risk have the necessary basic content related to universal precaution.
- c) These instruction will be reinforced through a yearly review of CDC and OSHA guidelines on universal precautions and clinical supervision will be managed to ensure strict compliance in all clinical learning experiences.
- d) All individuals involved in direct patient care are professionally and ethically obligated to provide client care with compassion and respect for human dignity. Such individuals may not ethically refuse to treat a patient solely because the patient is at risk of contracting, or has, an infectious disease such as that caused by HBV/HIV. Students and faculty should understand and follow

rules of confidentiality.

2. **HIV Positive** - students, faculty, and staff

- a) Students, faculty or staff who are HIV positive or have Acquired Immunodeficiency Syndrome (AIDS) may not pose a health risk to other individuals in an academic or residential setting, but in a clinical setting the CDC guidelines and standard/universal precautions should be followed.
- b) All students, faculty and staff members have a responsibility to report to the faculty member in charge, site coordinator any accident which exposes them to or a patient to a risk of transmission of a blood borne disease. **www.cdc.gov**.
- c) After exposure, confidential testing and appropriate counseling and treatment should be sought for the individual by the university.
 - a) If an accidental exposure occurs, students, faculty, and staff should follow the CDC guidelines for occupational exposure: if needle stick, test for HBV/HIV to establish seronegativity first, then retest at 6 weeks, 3 months, 6 months and 1 year. Other blood/body fluid exposure is defined as:
 1. Percutaneous inoculation - needle stick or sharps
 2. Non-needle percutaneous injury - open cuts or abrasions
 3. Direct mucous membrane contact - accidental splash
 4. Direct hand contact with amounts of blood or body fluids without glove protection.
 5. Human or animal bites.

Guidelines will be reviewed each year to ensure that they reflect current scientific data on prevention and avoidance of transmission of HIV and HBV.

All costs for testing and treatment occurring as a result of an exposure to blood borne pathogens will be the responsibility of the individual involved unless the injury occurs in the scope of employment as Georgia State University at which time Workers' Compensation may cover the costs of treatment.

TABLE 1. Procedure for Hepatitis B prophylaxis following percutaneous or permucosal exposure

<u>Exposed person</u>	<u>Treatment when source is found to be:</u>		
	<u>HBsAg-positive</u>	<u>HBsAg-negative</u>	<u>Source not tested or unknown</u>
Unvaccinated	HBIG x 1* and initiate HB vaccine*	Initiate HB vaccine*	Initiate HB vaccine*
Previously vaccinated Known responder	Test exposed for anti-HBs 1. If adequate, no treatment 2. If inadequate, HB vaccine booster dose	No treatment	No treatment
Known nonresponder	HBIG x 2 or HBIG x 1 plus 1 dose HB vaccine	No treatment	If known high-risk source, may treat as if source were HBsAg-positive
Response unknown	Test exposed for anti-HBs 1. If inadequate,** HBIG x 1 plus HB vaccine booster dose 2. If adequate, no treatment	No treatment	Test exposed for anti-HBs 1. If inadequate, HB vaccine booster dose 2. If adequate, no treatment

*HBIG dose 0.06 ml/kg IM.

**Adequate anti-HBs is > 10 milli-international units.

IV. **HEALTH RECORD-GEORGIA STATE UNIVERSITY**A. **Policy**

All College of Health and Human Sciences students, faculty and staff (when appropriate) are required to submit a completed Health Form (form attached) prior to employment or admission and at appropriate intervals, if applicable, to specific colleges. Immunizations must be current. See below for applicable requirements.

B. **Immunizations** - The following immunizations are required:

1. A tetanus-diphtheria booster within the last ten (10) years;
 2. Two (2) MMRs [if the birth date is after 1957, **proof of positive rubella titer or vaccination is required; if birth date is after 1957, the MMR series is required**]; **** Do WE NEED?**
 3. Indicate if they have had chicken pox;
 4. Hepatitis B vaccine series is required for students, faculty and staff having exposure to blood or other potentially infectious materials, unless they have executed a written waiver;
 5. TB: a PPD skin test is required upon employment or admission, and then every year thereafter for some programs within the University. Some clinical agencies require the PPD every six months. Therefore, faculty and/or students must comply with those agency policies.
 6. **Students 18 years of age and older shall be required to sign a document stating that they have received a vaccination against meningococcal disease or that they have reviewed the information provided about the disease and vaccine. They must sign a waiver if opting not to take the vaccine effective January 1, 2004 (HB 521).**
- C. Students and faculty are responsible for submitting proof or immunizations on the Health Form and/or an appropriate waiver form.
- D. Some clinical agencies may require a physical exam for students, faculty and staff prior to a clinical experience.